

**United States Bankruptcy Court for the Southern District of New York
White Plains**

Debtor: **K-Mart Stores of Illinois, LLC**

Case No. **18-23571**

Claim Withdrawal Form

Part 1 Identify the Claim

Creditor Name and Address:	Illinois Department of Employment Security 33 S. State Street Bankruptcy Unit 10th FL Chicago, Illinois 60603
Claim Number:	Post petition
Date Claim Filed:	12/06/2019 (mm/dd/yyyy)
Total Amount of Claim Filed:	81,143.18

Part 2 Sign Below

The person completing this form must sign and date it.	I, the undersigned, am the above-referenced creditor, or authorized signatory for the above-referenced creditor. I hereby withdraw the above referenced claim and authorize the Clerk of this Court or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above referenced debtor.
	Executed on date 03/14/2019 (mm/dd/yyyy)
	 Signature
	Amos Ellis
	Print Name
	Collections Bankruptcy Unit Supervisor
	Title (if Applicable)

DEFINITIONS

Debtor: The Person corporation, or other entity that has file a bankruptcy case is called the debtor.

Creditor: A creditor is any person, corporation, or other entity to which the debtor owes a debt.

Proof of Claim: A form filed with the clerk of bankruptcy court where the bankruptcy case was filed, To tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim)

Fill in this information to identify the case:

Debtor 1*	K-MART STORES OF ILLINOIS, LLC
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: Southern District of New York	
Case number 18-23571 ADMINISTRATIVE	

2019 APR - 8 P 3:53
 CLERK OF COURT
 U.S. BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK

12/15

Official Form 410**Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Fileers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	ILLINOIS DEPT OF EMPLOYMENT SECURITY Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	ILLINOIS DEPT OF EMPLOYMNT SECURITY Name 33 S. STATE ST. 10TH FLR COLL. BKRY Number Street CHICAGO IL 60603 City State ZIP Code Contact phone 312-793-3955 Contact email amos.ellis@illinois.gov	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>Post Petition</u> Filed on <u>12/06/2019</u> <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8 8 9 7

7. How much is the claim? \$ 0.00. Does this amount include interest or other charges?

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

State Unemployment Insurance Tax

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ 0.00

Amount of the claim that is unsecured: \$ 0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ 0.00

Annual Interest Rate (when case was filed): _____ %

Fixed

Variable

10. Is this claim based on a lease? No

Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No

Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____ 0.00
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/14/2019
MM / DD / YYYY

/SGD/ AMELIA T. YABES

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>AMELIA T. YABES</u>		
	First name	Middle name	Last name
Title	<u>ES TAX AUDITOR 2</u>		
Company	<u>IDES</u>		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	<u>33 S STATE ST., 10TH FLR COLL. BKRY</u>		
	Number	Street	
	<u>CHICAGO</u>		<u>IL</u>
	City	State	ZIP Code
Contact phone	<u>312-793-1270</u>		Email <u>amelia.yabes@illinois.gov</u>